



**STATE OF NEW HAMPSHIRE ENROLLMENT FORM
BASIC LIFE AND AD&D
SUPPLEMENTAL LIFE & AD&D AND DEPENDENT LIFE**

ANTHEM LIFE – ADMINISTRATOR

6740 N HIGH ST. – STE 200 – WORTHINGTON, OH 43085

FAX – (614) 433-8385

TOLL-FREE – (866) 227-4005

1. Employee Last _____ First _____ M.I. _____ Address _____ City _____ State _____ Zip _____ Home Phone (_____) _____ Work Phone (_____) _____ Ext _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth _____ Age _____	2. Date of Hire _____ Spouse Date of Birth _____ Former Name _____ 3. EMPLOYEE'S BENEFICIARY Primary: _____ Full Name _____ Relationship _____ Age _____ Contingent: _____ Full Name _____ Relationship _____ Age _____
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4. PLAN DESCRIPTIONS AND EMPLOYEE PREMIUMS - BASIC PLANS SELECT ONE OF THE BASIC PLANS¹

	<input type="checkbox"/> PLAN 1	<input type="checkbox"/> PLAN 2	<input type="checkbox"/> PLAN 3	<input type="checkbox"/> PLAN 4	<input type="checkbox"/> PLAN 5	<input type="checkbox"/> PLAN 6
Employee Paid						
LIFE (State Paid)	\$ 20,000	\$ 20,000	\$ 20,000	\$ 20,000	\$ 20,000	\$ 20,000
ADDITIONAL LIFE			\$ 5,000	\$ 5,000		\$ 5,000
AD&D Accidental Death & Dismemberment		\$ 20,000		\$ 25,000	\$ 20,000	\$ 25,000
PER CHILD 15 days-19 yrs (25 if FT student)					\$ 3,000	\$ 3,000
BI-WEEKLY DEDUCTION	\$ -	\$ 0.18	\$ 0.19	\$ 0.42	\$ 0.42	\$ 0.65

5. PAYROLL DEDUCTION FREQUENCY

Indicate the number of times per year you are paid

☐ 26 Times ☐ 24 Times ☐ 20 Times

6. ADDITIONAL PLAN SELECTION (Spouse Premiums are Based on Spouse Age)

PLAN 7 – SPOUSE LIFE¹

☐ \$10,000

PLAN 8 – TERM LIFE AND AD&D²

EMPLOYEE SPOUSE

<input type="checkbox"/>	\$25,000	<input type="checkbox"/>
<input type="checkbox"/>	\$50,000	<input type="checkbox"/>
<input type="checkbox"/>	\$75,000	<input type="checkbox"/>
<input type="checkbox"/>	\$100,000	<input type="checkbox"/>

Evidence of Insurability is required for all Plan 8 Selections. Spouse coverage terminates at age 65.

7. STATE AGENCY INFORMATION

Agency Name: _____

Payroll Number: _____

8. OPTIONAL PLANS AND PREMIUMS (Spouse coverage terminates at age 65)

PLAN 7 - SPOUSE		PLAN 8 - EMPLOYEE AND/OR SPOUSE (Premiums are Per Person – Not Combined)				
Coverage:	\$10,000 Life	Coverage:	\$25,000 Life \$25,000 AD&D	\$50,000 Life \$50,000 AD&D	\$75,000 Life \$75,000 AD&D	\$100,000 Life \$100,000 AD&D
If employee's age is:	Bi-Weekly Deduction	If age is:	Bi-Weekly Deduction	Bi-Weekly Deduction	Bi-Weekly Deduction	Bi-Weekly Deduction
less than 30	\$0.90	less than 30	\$1.27	\$2.54	\$3.81	\$5.08
30-34	\$1.28	30-34	\$1.38	\$2.77	\$4.15	\$5.54
35-39	\$1.82	35-39	\$1.73	\$3.46	\$5.19	\$6.92
40-44	\$3.00	40-44	\$2.77	\$5.54	\$8.31	\$11.08
45-49	\$3.86	45-49	\$3.92	\$7.85	\$11.77	\$15.69
50-54	\$5.64	50-54	\$6.58	\$13.15	\$19.73	\$26.31
55-59	\$9.64	55-59	\$11.42	\$22.85	\$34.27	\$45.69
60-64	\$11.82	60-64	\$13.50	\$27.00	\$40.50	\$54.00
<i>Spouse coverage not available over age 64.</i>		65+	\$20.42	\$40.85	\$61.27	\$81.69

I have been given the opportunity to enroll in the Supplemental Group Term Life and Dependent Life Insurance plans with the State of New Hampshire. I understand that if I apply for dependent child coverage or spouse coverage under Plan 7 later than 30 days from my hire date or for any new coverage in Plan 8, I am required to provide evidence of good health that is satisfactory to the insurer and understand my request for coverage may be denied.

I authorize The State of New Hampshire to make the appropriate payroll deductions from my wages. I am performing all the duties of my occupation on a full-time basis.

Employee Signature _____ Date _____ Employee SS# _____ Spouse SS# (Only if applying for coverage) _____

ADMINISTRATOR USE ONLY

First Payroll Deduction		Basic Plan Deduction	Plans 7 Deduction	Plans 8 Deduction	Control No.	Payroll ID#
Check Of:	Pay Period:					

¹ Plan 1 coverage is Guaranteed Issue. Plans 2-7 are also Guaranteed Issue if applied for within 30 days of employee date of hire. Plans 2-7 are subject to underwriting if applied for after 30 days from employee date of hire and are effective only after approval by the insurer. ² Plan 8 premium deductions will be increased automatically in accordance with the above schedule. Plan 8 is subject to underwriting requirements and is effective only after approval by the insurer.